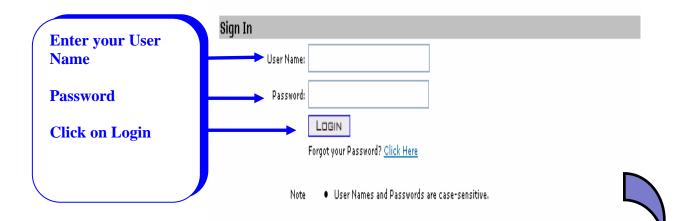
AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

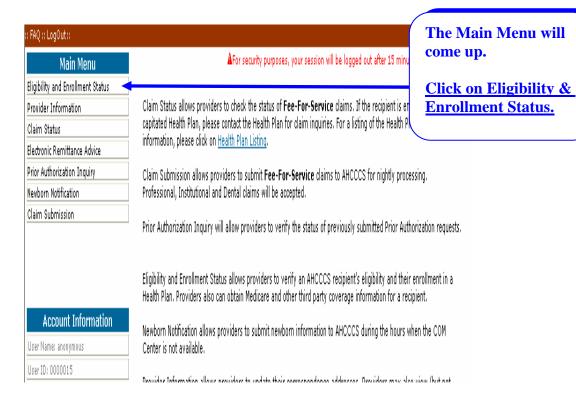
Section 3:

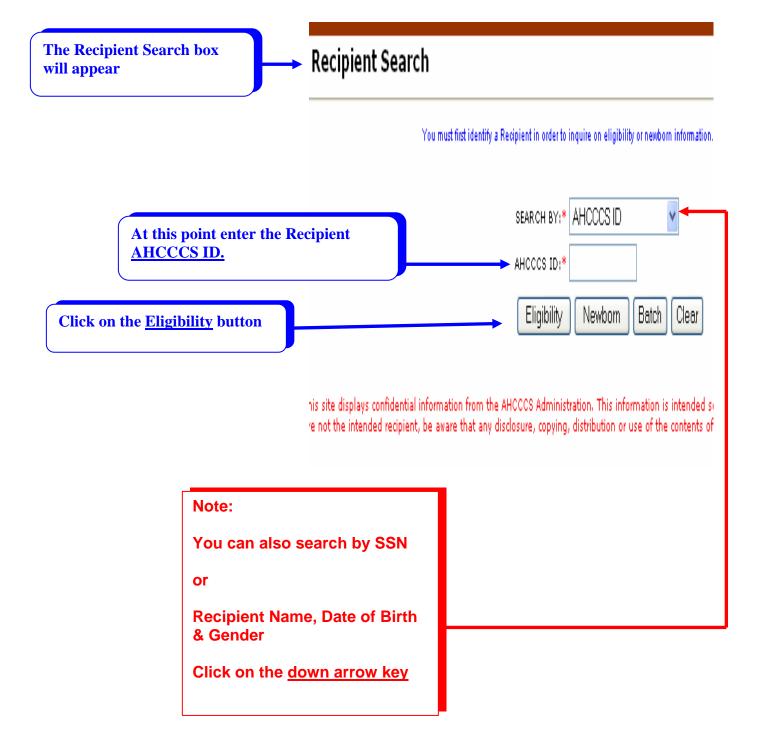
Eligibility & Enrollment Status

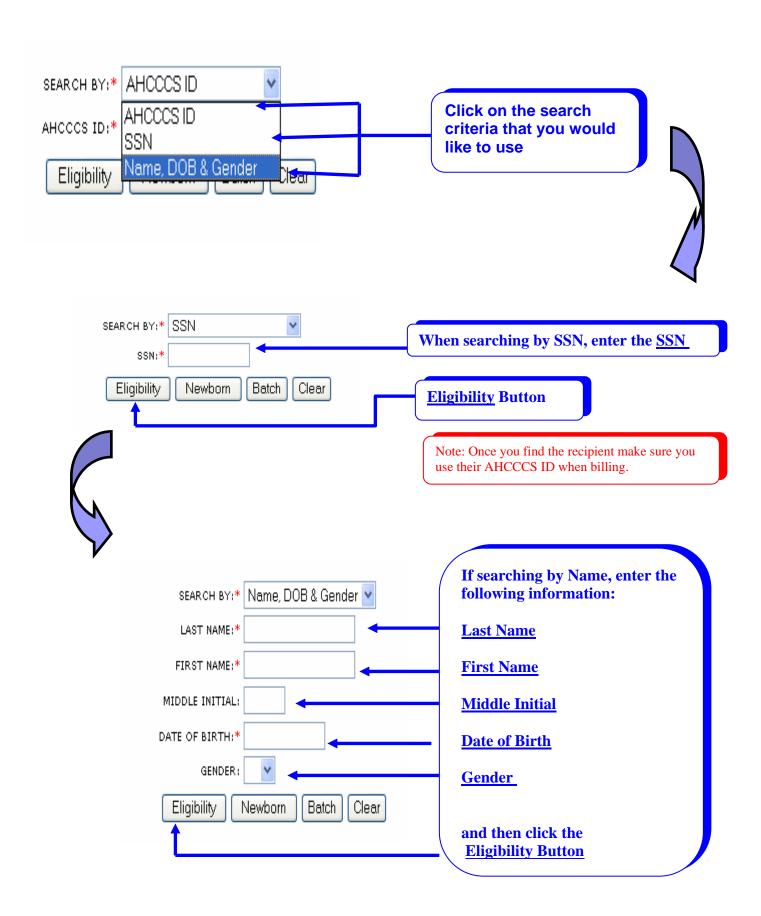


Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or create a new account. For questions, please contact our Customer Support Center at (602) 417-4451.









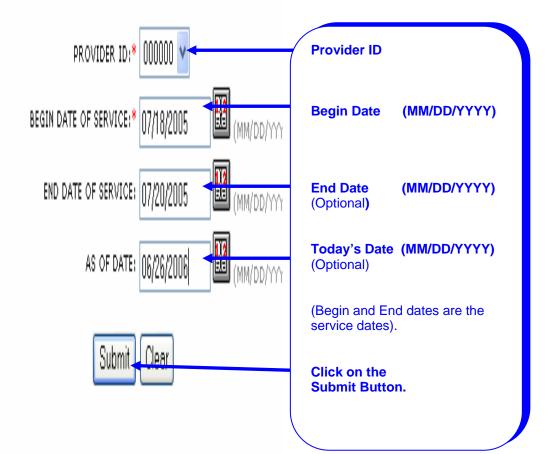
Page 14

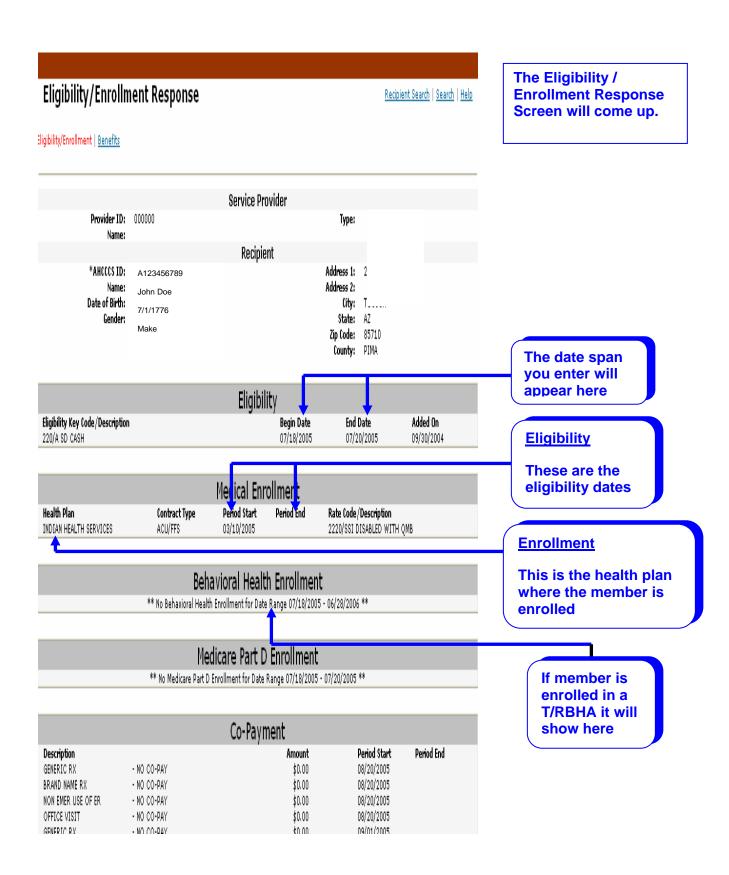
Eligibility/Enrollment Request

*AHCCCS ID NAME

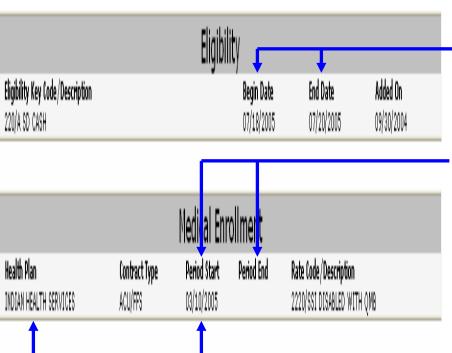
In this screen enter the following information:

Note: the dates of service must be entered using the following format (MM/DD/YYYY)





This is a re-cap of what was discussed above

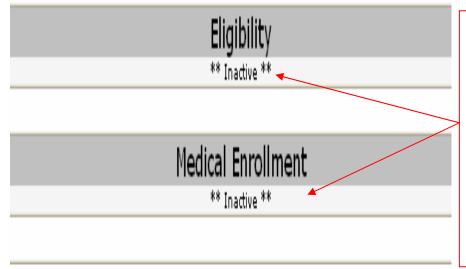


If the Dates of Service you entered are within the Eligibility range they will show up on the Eligibility field.

In this example the Dates of Service fall within the Member Eligibility range.

In this example the Recipient is enrolled with IHS as of date 3/10/05.





Note:

If the Dates of Service fall outside of the Eligibility range, the Eligibility and Enrollment fields will show as Inactive.

(This means that the member is not eligible).

